Tuberculosis Care Discharge Planning: One Patient's Journey from Hospital to Home

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Journey from Hospital to Home

- Purpose– Why discuss?
- Meet Our Patient
- Patient's Medical History
- Hospital Discharge Plan
- Hospital to Rehabilitation Facility
- Rehabilitation Facility to Home
- Finally Home– What's Next?
- Recommendations





Journey from Hospital to Home...Meet Our Patient

- Female
- 44 years of age
- Country of origin is Peru
- Lived in Argentina for seven years and returned to Peru before coming to the U.S. (entered U.S. in 2004)
- Spanish speaking and English is second language (ESL)
- Wife, Mother of two children (son and daughter)
- Housekeeping, child and elder care in Peru



Medical History

- Diagnoses
 - Systemic Lupus Erythematosus (SLE)
 - History of Pulmonary TB Treatment
 - Hypothyroidism
 - Gastritis
 - Uterine bleeding
 - Multi Drug Resistant (MDR) Tuberculosis
 - · Resistant to: Isoniazid, Rifampin, Pyrazinamide
- Overview





Journey from Hospital to Home...Discharge Planning

- Challenges
 - Communication
 - Discharge location
 - Medication
 - Family engagement
 - Patient adjustment
 - Collaboration
 - Long-term planning
 - Assessment of facility knowledge and resources





Journey from Hospital to Home...Discharge Planning

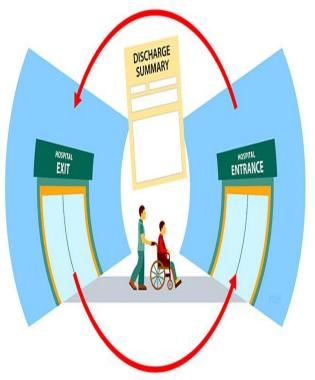
- Communication
 - Face to face
 - Phone
 - Fax
 - Email
 - Consent
- COMAR as it relates to TB care and treatment
- HIPAA





Facility

- Discharge plan
 - Site selection
 - Financial considerations
 - Discharge date
 - Medical management





- Medication arrangements (TB medication)
 - Financial considerations
 - Availability
 - Dispensing
 - Rehabilitation facility pharmaceutical guidelines
 - Orders
 - Documentation
 - Maryland CTBCP Program support





Collaboration

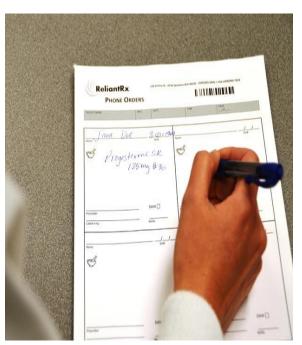
- Assessment
- Building relationships
 - Initial contact
 - Initial site visit
 - Communication
 - Role clarification
- Ongoing site visits
- Discharge planning





Assessment of knowledge and resources

- DHHS
 - Patient care model
 - Medical team members
 - Patient visitation
 - Guidelines
- Rehabilitation facility
 - DHHS TB Program role
 - Knowledge about TB treatment
 - Medical team members
 - Documentation





- Family participation
 - Meeting needs
 - Impact
- Patient adjustment
 - Language barriers
 - Cultural considerations
 - Dietary considerations
 - Rehabilitation
- Long-term planning
 - Planning for second discharge transition





Journey from Hospital to Home...Rehabilitation Facility to Home

Similar challenges

- Medical team for out patient care, communication, adjustment, maintaining relationships, medical status
- Rehabilitation status upon transition
- Medication arrangements
- Impact on family
- Patient adjustment
- Financial resources
- Continuity of care
- Specifics of transition plan





Journey from Hospital to Home...Rehabilitation Facility to Home

- Rehabilitation status
 - Limitations
 - Continuity
- Impact on family
 - Needs and concerns of family
 - Home assessment
 - Support system
 - Safety
 - Plan development
 - DOT
- Patient adjustment







Journey from Hospital to Home...Rehabilitation Facility to Home

- Financial resources
 - Continued rehabilitation services
 - Medical services
 - Other support services
- Continuity of care
 - Medical team
 - Follow up



Journey from Hospital to Home... Finally Home!!!

- Ongoing assessment
- Directly observed therapy
- Case management
- Referrals





Journey from Hospital to Home... Implications and Recommendations

- Patient and family-centered
- Assessment
- Communication
- Collaboration
- Regulations and guidelines
 - Rehabilitation facility
- State Maryland Center for Tuberculosis Control and Prevention (CTBCP)





Journey from Hospital to Home...Resources

- COMAR 10.06.01.05 (Confidentiality)
- COMAR 10.06.01.04 (Reporting)
- COMAR 10.07.02.15 (Pharmaceutical Services)



Journey from Hospital to Home

Questions or Comments?



Thank you.

Kimberly

